Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE	Type or print in ink. Amounts may be rounded to whole dollars. Amendment (Explain Below)	Report covers p from01/01/2 through12/31/2	CITY OF	SUPPLEME Date Stamp CEIVED MOUNTAIN VIEW	CALIFORNIA 465	
Amendment No		Date of election if (Month, Day,	applicable: 05 F	EB -3 A10:57	For Official Use Only	\dashv
Report No SIE939-41231			(POST)	MARKED 1/31/05) CE OF		
1. Committee/Filer Information	I.D. NUMBER (if recipient committee) 744711	Treasurer	(If recipient committe	CLERK		است
NAME OF FILER South Bay AFL-CIO Labor Council Cmt. on Political Educat STREET ADDRESS (NO P.O. BOX)	ion sponsored by South Bay AFL-Cl	NAME OF TREAS O Labor Council Enrique Fern MAILING ADDRE	andez			
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHONE	
San Jose CA 95125		San Jose	· · · · · · · · · · · · · · · · · · ·	CA 95125	5	
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS			
2. Name of Candidate or Measure Suppo	orted or Opposed				CHECK ON	NIE .
NAME OF CANDIDATE		OFFICE SOUGHT OR HE	LD			POSE
Ms. Margaret Abe-Koga		City Council Membe	r, City of Mountain	View		
NAME OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		x	
						ŀ

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

Type or print in ink.
Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

South Bay AFL-CIO Labor Council Cmt, on Political Education sponsored by South Bay AFL-CIO Labor Council

I.D. NUMBER (If Recipient Com.) 744711

4.	Su	m	m	a	ry
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- 1. Total independent expenditures made of \$100 or more this period. (Part 3) \$ 1832.81
 2. Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0.00
 3. Total independent expenditures made this period (Add Lines 1 + 2.) \$ 1832.81
- 5. Filing Officers Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

 Please see attached pages

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	/ DATE /
Executed on	DATE DATE
Executed on	DATE
Executed on	

By De S	
SIGNATURE OF TREASURER OR ASSISTANT TRE	
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASUR By	
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDII By	
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDID	DATE, STATE MEASURE PROPONENT

Type or print in ink.
Amounts may be rounded to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE
Report covers period 01/01/2004 from _ 3/4 through ___12/31/2004

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

South Bay AFL-CIO Labor Council Cmt. on Political Education sponsored by South Bay AFL-CIO Labor Council

I.D. NUMBER (if Recipient Com.) 744711

Filing Officers Enter the official title and address	of each filing officer with whom most recent campaign	statements have been filed	d.
1) NAME OF FILING OFFICER			
Secretary of State Political Reform Division		•	
ADDRESS	(NO. AND STREET)		
P.O. Box 1467			
CITY		STATE	ZIP CODE
Sacramento		CA	95812-1467
1) NAME OF FILING OFFICER			
Registrar of Voters City & County of San Fracisco		•	
ADDRESS	(NO. AND STREET)		, , , , , , , , , , , , , , , , , , , ,
Dept. of Elections, Rm 48 City Hall			The second secon
CITY .		STATE	ZIP CODE
San Francisco		CA	94102-4635
1) NAME OF FILING OFFICER			
Registrar-Recorder of Los Angeles County			
ADDRESS	(NO. AND STREET)	-	
12400 Imperial Highway			
CITY		STATE	ZIP CODE
Norwalk		CA	90650
1) NAME OF FILING OFFICER			
Santa Clara County Registrar		•	• •
ADDRESS	(NO. AND STREET)		
1555 Berger Dr., Bldg. 2			
CITY		STATE	ZIP CODE
San Jose		CA	95112

(Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE Type or print in ink.
Amounts may be rounded to whole dollars.

Report covers period	Date Stamp
	·
from01/01/2004	,

through __12/31/2004

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

For Official Use Only

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

DATE	ent Expenditures Made Attach additional information	DESCRIPTION OF EXPENDITURE	AMOUNT	CALENDAR YEAR (JAN.1 - DEC.31)	
10/28/2004	DFS Associates	Mailer	1698.00	1832.81	
	San Jose CA 95126				
12/31/2004	Political Data, Inc.	Data for Mailers	74.81	1832.81	
	Burbank CA 91507		-	1	
11/01/2004		Phonebanks	60.00	1832.81	

Supplemental Independent		SUPPLEMENTAL INDEPENDENT EXPENDITUR				
Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period	RECEIVED	CALIFORNIA 465		
Amendment No	Amendment (Explain Below)	through 12/31/2004 Date of election if applicable: (Month, Day, Year)	05 FEB -3 A10:57	1 / 4 For Official Use Only		
Report No SIE938-41231		— (woming bay, real)	(POSTMARKED 1/31/05) UFFICE OF			
1. Committee/Filer Information	I.D. NUMBER (if recipient committee) 744711	Treasurer (If recipie	OIL OFFICE			
STREET ADDRESS (NO P.O. BOX) CITY STATE SAME OF FILER South Bay AFL-CIO Labor Council Cmt. on Political	Education sponsored by South Bay AFL-C AREA CODE/PHONE	IO Labor Council Enrique Fernandez MAILING ADDRESS CITY	STATE ZIP CO	DE AREA CODE/PHONE		
San Jose CA 95 OPTIONAL: FAX/E-MAIL ADDRESS	125	San Jose Optional: Fax/E-Mail Add	CA 95125 DRESS	5		
2. Name of Candidate or Measure S	upported or Opposed			CHECK ONE		
NAME OF CANDIDATE Ms. Stephanie Schaaf		OFFICE SOUGHT OR HELD City Council Member, City of N	Mountain View	SUPPORT OPPOSE		
NAME OF BALLOT MEASURE		BALLOT NO./LETTER JURISDIC	TION	x		
3. Independent Expenditures Made	Attach additional information on ann	romintalistalistalista (Co. C.				

Please see attached pages

Supplemental Independent	Type or print in ink.	SUPPLET	NT EXPENDITURE	
Expenditure Report	Amounts may be rounded to whole dollars.	Report covers period	CALIFORNIA 465	
		from01/01/2004	- 1994 FORM -	一口し
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2004</u>		2/4
NAME OF FILER			I.D. NUMBER (If	Paginiant Com \
South Bay AFL-CIO Labor Council Cmt. on Politica	I Education sponsored by South Bay AFL-CIO Lab	or Council		744711
4. Summary				7 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1. Total independent expenditures made of \$100 c	or more this period. (Part 3)		\$	1772.82
2. Total independent expenditures under \$100 ma	de this period. (Not itemized.)		s	0.00
3. Total independent expenditures made this period	od (Add Lines 1 + 2)		TOTAL	1772.92

5.	Filing Officers	Enter the official t	itle and address	of each filing officer	with whom m	ost recent campa	aign statements	have bee	en filed
	Please see attached name	s ·		•					

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	Ву
Executed on DATE	BySIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR By
Executed on	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT By
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

CITY

San Jose

Type or print in ink.
Amounts may be rounded to whole dollars.

STATE

CA

ZIP CODE

95112

	STRUCTIONS ON REVERSE OF FILER			through 12/31/2004	3/4
		Political Education sponsored b	by South Bay AFL-CIO Labor Council		I.D. NUMBER (If Recipient Com.) 744711
5. Fi	iling Officers Enter the officia	title and address of each filir	ng officer with whom most recent can	npaign statements have been file	ed.
1)	NAME OF FILING OFFICER				
Se	ecretary of State Political Reform Divi	sion			•
AD	DRESS		(NO. AND STREET)		
P.	O. Box 1467		()		• '
CIT	TY			STATE	ZIP CODE
Sa	acramento			CA	95812-1467
1)	NAME OF FILING OFFICER				93012-1407
Re	egistrar of Voters City & County of Sa	n Fracisco			
AD	DRESS		(NO. AND STREET)		· .
De	ept. of Elections, Rm 48 City Hall				$(x,y) = (x,y) \cdot (x,y$
CIT	TY			STATE	ZIP CODE
_	an Francisco		·	CA	94102-4635
1) [NAME OF FILING OFFICER				94102-4033
Re	egistrar-Recorder of Los Angeles Co	unty			
AD	DRESS		(NO. AND STREET)		
12	400 Imperial Highway		(
CIT	Υ	1.		CTATE	
No	prwalk			STATE CA	ZIP CODE
1) !	NAME OF FILING OFFICER			CA	90650
Sa	inta Clara County Registrar		•		
	DRESS		(NO. AND STREET)		
15	55 Berger Dr., Bldg. 2		(NO. AND STREET)	•	

(Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE Type or print in ink. Amounts may be rounded to whole dollars.

Report covers period Date Stamp

through _12/31/2004

CALIFORNIA 465

4/4

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	San Jose CA 95126			
12/31/2004	Political Data, Inc.	Data for Mailer	74.8	1772.82
	Burbank CA 91507			